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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit   : 2878
Examiner   : Stephen K. Yam
Serial No.   : 09/914,515
Filed   : October 24, 2001
Inventors   : Rainer Heintzmann
              : Christoph Cremer
Title   : PROCESS AND DEVICE
              : FOR OBJECT IMAGING

Customer No.: 035811

Docket No.: 1284-01

Confirmation No.: 7939

Dated: March 10, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Facsimile Transmission

For
Amendment Transmittal Letter, in duplicate
Supplemental Amendment

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By:_____

Date:_____ 10 MAR 2004

Attorney Docket No.: 1284-01

In re Application of Rainer Heintzmann et al.

Serial No.:   09/914,515

Filed: October 24, 2001

For: PROCESS AND DEVICE FOR OBJECT IMAGING

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

—   Small entity status of this application under 37 CFR §1.9 and §1.27 has been
       established by a verified statement previously submitted.

—   A verified statement to establish small entity status under 37 CFR §1.9 and §1.27
       is enclosed.

x   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PRE-VIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY RATE	ADD'L FEE	OR	OTHER THAN SMALL ENTITY RATE	ADD'L FEE
TOTAL	* 54	-	** 54 =	0	x 9=	$		x18=	$
INDEP.	* 2	-	** 3 =	0	x42=	$		x84=	$
__ First presentation of multiple dependent claim					+140=	$		+280=	$

TOTAL ADDITIONAL FEE $0   OR $_____

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20,
       write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

__ Please charge my Deposit Account No. 50-2719 in the amount of $_____.
     A duplicate copy of this sheet is enclosed.

__ A check in the amount of $0 is attached.

_x_ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

   _x_ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

   _x_ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

_____
T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicant(s)

TDC:ks
(215)656-3381

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Attorney Docket No.: 1284-01

In re Application of Rainer Heintzmann et al.

Serial No.: 09/914,515

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T. Daniel Christenbury
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Attorney for Applicant(s)

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	: FOR OBJECT IMAGING	
		Dated: March 10, 2004

SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

    Applicants respectfully amend the Application as follows: